

UNITED STATES DISTRICT COURT  
DISTRICT OF NEW JERSEY

Dawn Shipley-Johnson

*(In the space above enter the full name(s) of the plaintiff(s).)*

-against-

Stan Smith  
United States Postal Service (USPS)

*(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)*

**Complaint for Employment  
Discrimination**

Case No. \_\_\_\_\_

*(to be filled in by the Clerk's Office)*

Jury Trial:  Yes  No  
*(check one)*

**I. The Parties to This Complaint**

**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>Dawn Shipley Johnson</u>
Street Address	<u>P.O. BOX 6261</u>
City and County	<u>Newark Essex</u>
State and Zip Code	<u>New Jersey 07106</u>
Telephone Number	<u>(678) 793-8253</u>

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

**Defendant No. 1**

Name	<u>Stan Smith</u>
Job or Title (if known)	<u>Manager</u>
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (if known)	

**Defendant No. 2**

Name	<u>United States Postal Service (USPS)</u>
Job or Title (if known)	
Street Address	
City and County	

State and Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
(if known) \_\_\_\_\_

Defendant No. 3

Name \_\_\_\_\_  
Job or Title \_\_\_\_\_  
(if known) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City and County \_\_\_\_\_  
State and Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
(if known) \_\_\_\_\_

Defendant No. 4

Name \_\_\_\_\_  
Job or Title \_\_\_\_\_  
(if known) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City and County \_\_\_\_\_  
State and Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
(if known) \_\_\_\_\_

**C. Place of Employment**

The address at which I sought employment or was employed by the defendant(s) is:

Name U.S. Postal Service  
Street Address 210 Stuyvesant Ave.  
City and County Newark, NJ 07106  
State and Zip Code New Jersey 07106  
Telephone Number (973) 416-0771

## II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to (*check all that apply*):



Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

*(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*



Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

*(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)*



Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

*(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*



Other federal law (*specify the federal law*):

NALC, ARTICLE 16 (BLANKET DISCIPLINE) (C-16436)



Relevant state law (*specify, if known*):

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Relevant city or county law (*specify, if known*):

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## III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes (*check all that apply*):

- Failure to hire me.
- Termination of my employment.
- Failure to promote me.
- Failure to accommodate my disability.
- Unequal terms and conditions of my employment.
- Retaliation.
- Other acts (*specify*): Harassment, Deprivation of Childcare, GINA

*(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)*

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

8/31/2012, 9/6/2012, 11/27/2012, 11/30/12

C. I believe that defendant(s) (*check one*):

- is/are still committing these acts against me.
- is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (*check all that apply and explain*):

- race \_\_\_\_\_
- color \_\_\_\_\_
- gender/sex \_\_\_\_\_
- religion \_\_\_\_\_
- national origin \_\_\_\_\_
- age. My year of birth is \_\_\_\_\_. (*Give your year of birth only if you are asserting a claim of age discrimination.*)  
\_\_\_\_\_
- disability or perceived disability (*specify disability*)  
\_\_\_\_\_

E. The facts of my case are as follows. Attach additional pages if needed.

In lieu of my husband's "Deployment," I was left to care for (3) school aged children, one of which was born prematurely and had an "Immune Deficiency" which caused him to be sick and require me to stay home to care for him. Headaches, Stress, anxiety depression, Harassment that was caused by Stan Smith, manager, over stepping my supervisor was UnJust. See Attached:

*(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)*

**IV. Exhaustion of Federal Administrative Remedies**

A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date)

January "2013" November "2012"

B. The Equal Employment Opportunity Commission (check one):



has not issued a Notice of Right to Sue letter.  
issued a Notice of Right to Sue letter, which I received on (date)

*(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)*

C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):



60 days or more have elapsed.  
less than 60 days have elapsed.

**V. Relief**

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

high blood pressure, anxiety depression, stress and headaches, nervousness \$5,300,000.00 (5 million three hundred thousand dollars) for punitive, monetary compensatory damages.  
After working 24 yrs of my life at the U.S. Postal Service, I should NOT feel forced to tolerate being disciplined against because my "SOLDIER", my husband, was "Deployed" and I had children to care for "ALONE" in his Absence.

**VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: Jan 9, 2017.

Signature of Plaintiff

Dawn Shapley Johnson

Printed Name of Plaintiff

Dawn Shapley Johnson

**B. For Attorneys**

Date of signing: \_\_\_\_\_, 20\_\_.

Signature of Attorney \_\_\_\_\_

Printed Name of Attorney \_\_\_\_\_

Bar Number \_\_\_\_\_

Name of Law Firm \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_



**EEO Complaint of Discrimination in the Postal Service**  
(See Instructions and Privacy Act Statement on Reverse)

1. Name <b>Dawn Shroyer-Johnson</b>	2. SSN or EIN <b>01522280</b>	3. Case No. <b>46-070-0005-13</b>
4a. Mailing Address (Street or P.O. Box) <b>P.O. BOX 141</b>	4b. City, State, and ZIP + 4 <b>West Point, NY 10996</b>	
5. Email Address * <b>lonely.lonely1@yahoo.com</b>	6. Home Phone <b>(862) 763-2549</b>	7. Work Phone <b>(973) 416-0771</b>
8. Position Title (USPS Employees Only) <b>Letter Carrier</b>	9. Grade Level (USPS Employees Only)	10. Do You Have Veteran's Preference Eligibility <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11. Installation Where You Believe Discrimination Occurred (Identify Installation, City, State, and ZIP+4)  <b>U.S. Post Office 210 Stayne Street Newark, NJ 07106</b>		12. Name & Title of Person(s) Who Took the Action(s) You Allege Was Discriminatory  <b>Stan Smith (Station Manager)</b>
13a. Name of Your Designated Representative	13b. Title	
13c. Mailing Address (Street or P.O. Box)	13d. City, State, and ZIP + 4	
13e. Email Address *	13f. Home Phone (      )	13g. Work Phone (      )
* Providing this information will authorize the Postal Service to send important documents electronically.		
14. Type of Discrimination You Are Alleging		15. Date on Which Alleged Act(s) of Discrimination Took Place
<input type="checkbox"/> Race (Specify): <input type="checkbox"/> Color (Specify): <input type="checkbox"/> Religion (Specify): <input type="checkbox"/> National Origin (Specify):		<input type="checkbox"/> Sex (Specify): <input type="checkbox"/> Age (40+) (Specify): <input checked="" type="checkbox"/> Retaliation (Specify Prior EEO Activity): <b>"2009"</b> <input type="checkbox"/> Disability (Specify): <b>Department of Child Care</b> <input checked="" type="checkbox"/> Genetic Information (Specify): <b>Harassment, Retaliation</b>
		<b>8/31/2012</b> + <b>11/27/2012 (11/30/12)</b>
16. Explain the specific action(s) or situation(s) that resulted in you alleging that you believe you were discriminated against (treated differently than other employees or applicants) because of your race, color, religion, sex, age (40+), national origin, genetic information, or disability. <u>Note that if your allegation is like or related to a previous complaint, that complaint may be amended.</u> 29 C.F.R. § 1616.106(d)		

Since "2008" when My husband had to deploy to Iraq from Ft. Benning, Ga. Where my family also resided, I've been involved in EEO cases (4 total to date) because of the responsibility of being the only "at home" parent to care for my children in the absence of my "Deployed Soldier", my husband. Which resulted on high-blood pressure (lisinopril), anxiety depression (canax), Stan gave me a Notice of Unacceptable Attendance Discusto on 1/20/12 and gave me the paper for it 4/19/12 (was that timely). Please see Attached:

## 17. What Remedy Are You Seeking to Resolve this Complaint?

**5,300,000.00 (5 million three hundred thousand dollars) plus Retirement Package.**  
In lieu of punitive, monetary, compensatory damages (stress, anxiety depression, high blood pressure, nervousness). After working for The Postal System 24 yrs of my life I should "NOT" feel forced to continue working for the USPS with the tactics management

## 18. Did You Discuss Your Complaint with a Dispute Resolution Specialist USC for RUM or a REDRESS Mediator?

Yes (Date you received the Notice of Final Interview):

**Post. Mail # 7011570 0001 0694 0411**

## 19a. Signature of Dispute Resolution Specialist

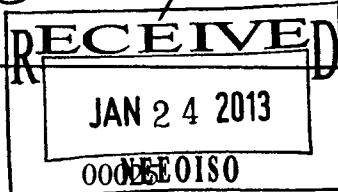
## 19b. Date

**1/17/2013**

## 20. Signature of Complainant or Complainant's Attorney

## 21. Date of this Complaint

**1/22/2013**





## Notice of Right to File Individual Complaint

TO: Name (First, MI, Last)

Re: Case No.

DAWN F. Shipley-Johnson

413-070-0027-13

This notice will attest to the fact that on receipt of this notice, I advised you of the actions taken concerning the alleged discrimination that you brought to my attention. If the matters that you raised during the pre-complaint processing stage have not been resolved, you have the right to file a formal complaint within 15 calendar days of the date you receive this notice. If you decide to file a formal complaint, your complaint must be put in writing and signed by you or your attorney, if you retained one to represent you. I am providing you with *PS Form 2565, EEO Complaint of Discrimination In the Postal Service*, for this purpose. Your complaint must be delivered to:

NEEOISO – Formal Complaints  
U.S. POSTAL SERVICE  
P.O. BOX 21979  
TAMPA FL 33622-1979

Your complaint will be deemed timely filed if it is received at this address before the expiration of the 15-day filing period, or if it bears a postmark that is dated before the expiration of the filing period. In the absence of a legible postmark, it must be received by mail within 5 calendar days of the expiration of the filing period.

An EEO discrimination complaint can be processed only if the complainant alleges he or she has been discriminated against on the basis of race, color, religion, sex, national origin, age (40+), disability, genetic information, or retaliation for past EEO activity. In addition, courts have ruled the complainant has the burden of presenting evidence which would give rise to an inference of discrimination. A complaint must contain the following information:

- (1) Your name, address, position, and level;
  - If you change your address, you have a regulatory requirement to immediately report the change to the address below:  
NEEOISO-EEO Contact Center, U.S. Postal Service, P.O. Box 21979, Tampa FL 33622-1979
- (2) The specific action or matter complained of, the date of occurrence, and the names of the official(s) who took the alleged discriminatory action at issue in this complaint;
- (3) The specific type of discrimination alleged, e.g., race – African American, sex - female, etc.:
  - If you allege disability discrimination, the alleged disability must be more than a temporary condition.
  - If you allege age discrimination, you must have been at least 40 years of age on the date the alleged discriminatory action occurred.
- (4) A brief statement of the facts that led you to believe you were discriminated against and the names of similarly situated individuals whom you believe were treated differently than you.
  - If you allege a failure to accommodate a disability or your religion, you must explain the accommodation sought and why you sought it.
  - If you allege retaliation, you must show a connection between the action about which you are complaining and your participation in protected EEO activity. You must also show that when the alleged discriminatory action at issue in this complaint occurred, the management official who took the action was aware that you had previously engaged in protected activity.
- (5) The name of the EEO Dispute Resolution Specialist who provided you with this notice and the date you received this Notice of Right to File.

### Privacy Act Notice

**Privacy Act Notice.** The collection of this information is authorized by The Equal Employment Opportunity Act of 1972, 42 U.S.C. 2000e-16; The Age Discrimination in Employment Act of 1967, as amended, 29 U.S.C.633a; The Rehabilitation Act of 1973, as amended, 29 U.S.C. 794d; and Executive Order 11478, as amended. This information will be used to adjudicate complaints of alleged discrimination and to evaluate the effectiveness of the EEO program. As a routine use, this information may be disclosed to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the USPS is a party or has an interest; to a government agency in order to obtain information relevant to a USPS decision concerning employment, security clearances, contracts, licenses, grants, permits or other benefits; to a government agency upon its request when relevant to its decision concerning employment, security clearances, security or suitability investigations, contracts, licenses, grants or other benefits; to a

congressional office at your request; to an expert, consultant, or other person under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation; to an independent certified public accountant during an official audit of USPS finances; to an investigator, administrative judge or complaints examiner appointed by the Equal Employment Opportunity Commission for investigation of a formal EEO complaint under 29 CFR 1614; to the Merit Systems Protection Board or Office of Special Counsel for proceedings or investigations involving personnel practices and other matters within their jurisdiction; and to a labor organization as required by the National Labor Relations Act. Under the Privacy Act provision, the information requested is voluntary for the complainant, and for Postal Service employees and other witnesses.

Signature of Dispute Resolution Specialist	Date Issued	Your Signature	Date Received
	1/20/2013		1/22/2013
<i>Dispute Resolution Specialist: If you are mailing this Notice, you must send it by Priority Mail, Signature Confirmation Delivery</i>			

Attached:

EEO Case # 46-070-0027-13

Management that replace Stan Smith while he was out recovering from his surgery 1/2012 - 4/2012, had <sup>an</sup> EEO case because they refused to pay me for Childcare which I also gave them documentation to support those dates. However Stan came back to work and on 9/6/2012 He issued me a 7-day suspension for attendance which included those days he was out recovering from surgery. Also, on 9/10/12 Stan gave me that same 7-day suspension while I was off the clock.

Stan stated he had NO knowledge of an prior EEO cases I was involved in which is NOT TRUE. On January 25, 2012, prior to him leaving for surgery which was this first day in the office he made the statement, "lets see if she beat me" to my shop steward which car "ONC4" refers to the prior "2009" EEO case because He and I have NO OTHER history together that would have warranted such a statement. Needless to say, my shop steward signed a statement to that statement

Ram Shyly Johnson  
EEO # 46-070-0027-13

RECEIVED

JAN 24 2013

NEEOISO

P.O. BOX 141

West Point, NY 10996

January 23, 2013

0005

RE: 4B-070-0027-13

I would like to amend question #12

Form PS 2565 (Name & Title of Person(s) who took Action(s) you allege

was discriminatory: Change the answer from

Stan Smith to Stan Smith (station manager)

and U.S.P.S. (United States Postal Service) for

he was acting on their behalf.

Thank you,

Dawn Shroyer-Johnson  
Dawn Shroyer-Johnson  
(862) 763-2549

PS: Sent originally by express mail #E1748328593US  
1/23/2013 (PS FORM 2565)